

**Community Service Network 7 Meeting
DHHS Offices, Biddeford
June 14, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Jennifer Goodwin, CSI • Scott Ferris, Creative Work Systems • Jeanne Mirisola, NAMI-ME Families • William Nelson, Riverview Psychiatric Center | <ul style="list-style-type: none"> • Chris Souther, Shalom House • Larry Plant, SMMC • Mary Jane Krebs, Spring Harbor | <ul style="list-style-type: none"> • Donna Ruble, Sweetser • Wayne Barter, VOA • Jen Ouellette, York County Shelters |
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Members Absent:

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| <ul style="list-style-type: none"> • Common Connection Club (excused) • Center for Life Enrichment (vacant) • Goodall Hospital | <ul style="list-style-type: none"> • Harmony Center (excused) • Job Placement Services, Inc. • Saco River Health | <ul style="list-style-type: none"> • Sweetser • Transition Planning Group • York Hospital |
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Others/Alternates Present: Rita Soulard, SMMC; Melissa Johnson, VOA; Megan Gendron, York County Shelters; Ron St. James, DHHS.

Staff Present: DHHS/OAMHS: Ron Welch, Don Chamberlain, Carlton Lewis. Muskie School: Elaine Ecker.

| Agenda Item | Presentation, Discussion |
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| I. Welcome and Introductions | Carlton opened the meeting and participants introduced themselves. |
| II. Minutes | The minutes from the May meeting were approved as written. |
| III. Budget/Rate Standardization | <p><u>Budget/Rates</u> Ron Welch reported on the biennial budget passed by the legislature, saying that the “big picture” included two de-appropriations and one appropriation, as follows:</p> <ul style="list-style-type: none"> • <i>De-appropriation:</i> Rate changes: \$5M in FY08 and \$14M in FY09. (Of the \$14M that must be saved in FY09, \$4M will carry over from FY08 rate standardization. The remaining \$10M savings is not defined.) • <i>De-appropriation:</i> ASO (Administrative Services Organization): \$6.5M in FY08 and \$8.5M in FY08. • <i>Appropriation:</i> Medicaid (MaineCare) seed funds for new clients/services: \$11M in FY08 and \$22M in FY09. <p>He said that rate changes averaged across services results in a 6.6% overall reduction for FY08. Members received handouts detailing the new rates, and the group reviewed them by service and by agency. It was noted that Counseling Services, Inc., is the only provider of community support services and crisis services in this CSN.</p> <p>The budget language also requires DHHS to set up three work groups, made up of providers, consumers, family members, and DHHS staff, to carry out specific tasks pertaining to: 1) Administrative burden reduction, 2) System redesign, and 3) Rate standardization. The work groups have tight timeframes—convening by July 1, 2007, and completing work before the new Legislative session begins in December. Dept. Commissioner Geoff Green will be making appointments to the work groups and coordinating their work.</p> <p>Ron further explained that the methodology for setting rates is not yet established on an ongoing basis—that will be the work of the rate standardization work group. Over time, rates will be more standardized, he said, and some disparities may be addressed in FY09.</p> |

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| | <p><u>Service Changes</u> After providers have a chance to digest rates and make budgets, Ron said, OAMHS would appreciate knowing if any services are reduced or discontinued. The goal is discuss how those services may otherwise be met, as well as to keep the funds in the CSN.</p> <p><u>ASO</u> Ron reported that OAMHS received eight proposals that are now being reviewed and rated by the review team. OAMHS expects to have a contract in place by October or sooner, depending upon whether there are appeals, etc.</p> <p>ACTION: OAMHS will soon publish an official list of companies that submitted proposals.</p> <p><u>Legislation</u> ACTION: OAMHS will compile a complete listing this session's bills related to mental health issues and provide to all CSN members.</p> <p><u>Consent Decree</u> The next quarterly report is due to the Court Master by July 15, Ron informed, and noted one thing that needs to be included is "delineation of how we'll take unmet needs data and travel through the budget process." The intention is for more CSN involvement in the budget process and legislative sessions.</p> |
| IV. 24/7 Access to Community Support Information | <p>Don reminded the group that OAMHS is expecting to receive copies of the written protocols from crisis providers and community support providers by June 15, and implementation of the protocols begins July 1. Compliance requires that written protocols exist between the following, with a copy on file with OAMHS:</p> <ul style="list-style-type: none"> • Crisis providers and community support service providers within the CSN; • Crisis providers and any and all hospitals in the catchment area; • ACT Team providers and crisis providers in their CSN; • Crisis providers and Mental Health Team Leaders re: accessing ICM information. |
| V. Medication Management | <p>Don reviewed the standard that services be provided within 10 days of identification of need and asked members about barriers and possible actions for improvement. Discussion:</p> <p><u>Counseling Services Inc. (CSI)</u></p> <ul style="list-style-type: none"> • Psychiatric services are available for those receiving Community Integration (CI) (through carefully monitored grant dollars), Intensive Community Integration (ICI), and Assertive Community Treatment (ACT) services. • Formerly, psychiatric services were available for outpatient clients, but CSI is not doing that now (except for a couple of clients), mostly due to costs. • Also formerly, CSI had a program called Psychiatric Assessment Referral Consultation, through which a primary care physician willing to work with a client (in writing) was provided with a one-time consultation with a psychiatrist for medication recommendations. • CSI is currently evaluating productivity expectations for psychiatrists. • Clients are seen monthly. Schedules are booked solid, and no-show rates are high—working on having a "stand-by list." • NAMI-Family member said that psychiatric services through CSI were only available every 5 weeks [at that time], and person couldn't function that way, so now works with a private psychiatrist who is willing to see person as often |

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| | <p>as needed in crisis or when switching medications.</p> <ul style="list-style-type: none"> • Fundamental problem is lack of access to med management—drives up utilization of higher cost services. Expect to see an increase in crisis. • Several psychiatrists have resigned—some moving within state, some going out of state. CSI is currently recruiting, but for fewer positions than before. • Finding a psychiatrist to work in Sanford, Maine, is <u>hard</u>. Most of Maine faces same problem. <p>ACTION: CSI will provide their current psychiatrist FTEs (full-time equivalents), both full and vacant, at the next CSN meeting.</p> <p>ACTION: Members will compile a list of all private psychiatrists in the CSN area.</p> <p>The group discussed alternative providers and methods of providing med management services:</p> <ul style="list-style-type: none"> • Mary Jane Krebs briefly described the team approach used at McGeachey, which consists of varying levels of staff that can meet varying levels of need for consumers, i.e. registered nurse, advanced practice registered nurse, nurse practitioner, and psychiatrist. • Anyone used group med management? The group talked about possibilities and challenges with this model. Bill Nelson said that the VA uses it a lot—if confidentiality issues are overcome, it can be a good model, where hopefully people encourage each other. Mary Jane had experience with medication groups in NY—was an efficient way of doing things. Question: Is there a MaineCare group rate? • Can envision an increasing role for psychiatric nurse practitioners, physician assistants, and advanced practice registered nurses, but don't know what rules allow. The group discussed the shortage of these people and possible ways/places for recruitment. <p>ACTION: Mary Jane will provide more detail about the team at McGeachy at the next meeting.</p> <p>Other issues/discussion:</p> <ul style="list-style-type: none"> • Lag time between discharge meds and ongoing meds. Most people get a 2-week supply upon discharge and rarely are they seen within 2 weeks. • MaineCare list of approved drugs for certain diagnoses poses significant problems. • What if grant dollars were pulled back and CSNs decided where they should go? One member said that virtually all the grant dollars should go to med management—it would probably alleviate many other problems if people received the meds they need when they need them. This led to a discussion about where grant dollars are currently spent and the importance of prioritizing those funds (approximately \$30M). • Another huge issue is the absurdly low Medicare rate. |
| VI. Outpatient Services | <p>Don noted that several outpatient members were not present at the meeting to report on outpatient services.</p> <p><u>Counseling Services Inc.</u></p> <ul style="list-style-type: none"> • Provides adult outpatient services in Kittery, Westbrook, Biddeford, Springvale, and Goodall Hospital. • Have made tremendous strides in reducing waitlist—less than 20 now. • Goal is to provide same-day service. Currently provide that with substance abuse services—hoping to expand. • MaineCare referrals, next week; self-pay, refer to crisis or UNE; Medicare, if opening with LCSW, next week. • Question to CSI: What percentage is self-pay (uninsured)? Estimate less than 1/3 of calls. • Non-categoricals: 18 appointments in calendar year. |

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| | <ul style="list-style-type: none"> • See class members and hospital discharges without money in higher levels of care. • In just the last couple of years, things have tightened and able to provide less pro bono care. <p>Jen Ouellette of York County Shelters expressed frustration with the system's current focus on payment rather than treatment. "I got into this business to help people," she said, "now everywhere I go it's about 'will I get paid? If so, I'll help people.'" She continued saying that because so many providers' budgets are based so much upon MaineCare funds, services are threatened whenever MaineCare makes changes. "Years ago, Medicaid wouldn't even look at us," she said, "so we were forced to look for funds elsewhere. No one funding source provides more than 30% of our budget."</p> <p>Jen Goodwin of CSI said, "It's also difficult to have to ask people about insurance before anything else."</p> |
| VII. Policy Council Report | The policy council members for this CSN were unable to attend today's meeting, so no report was given. |
| VIII. Other | <ul style="list-style-type: none"> • The group engaged in a brief discussion about how hospitals cover costs for charity/uninsured admissions. Mary Jane Krebs of Spring Harbor explained that freestanding IMDs do not receive MaineCare funds for adults age 21-65. If the hospital has enough child/adolescent admissions over the year, those funds help to subsidize uninsured adults. Community hospitals do receive MaineCare funds for adults, but SMMC reported that their charity costs are huge. • CSI reported on their preliminary plans regarding peer support services. They will 1) host at least two Peer Support 101 trainings; 2) from those participants will work with a smaller group to support their participation in the 60-hour Intentional Peer Support Training; and 3) those completing the training will form a pool to provide various peer services on a per diem basis. |
| IX. Public Comment | None. |
| X. July Agenda Items | |